



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

F STATE

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☒ Initial Application ☐ Amended Application

FILER ID
2004-93077

NAME OF CANDIDATE STEVEN S. POE		OFFICE SOUGHT (Include Legislative District, if applicable) STATE SENATE, DISTRICT 9	
ADDRESS (NUMBER & STREET) 7725 W. Willow Avenue		CITY Peoria	STATE AZ
MAILING ADDRESS (if different from above) Same		CITY	STATE
CANDIDATE'S TELEPHONE # 623-979-8402	CANDIDATE'S FAX # None	CANDIDATE'S E-MAIL ADDRESS supoe @ qwest.net	
CANDIDATE'S PARTY AFFILIATION (if any) Democratic			
NAME OF CANDIDATE'S COMMITTEE Steve Poe for State Senate			
COMMITTEE'S ADDRESS 7725 W. Willow Avenue		CITY Peoria	STATE AZ
COMMITTEE'S PHONE # 623-979-8402	COMMITTEE'S FAX # n/a	COMMITTEE'S E-MAIL ADDRESS supoe @ qwest.net	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) Lola M. Boan			
DESIGNATED INDIVIDUAL'S ADDRESS 11022 Canyon Creek Dr.		CITY Sun City	STATE AZ
DESIGNATED INDIVIDUAL'S TELEPHONE # 623-972-8451	DESIGNATED INDIVIDUAL'S FAX # n/a	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS lboan@msn.com	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Washington Mutual			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate Lola M. Boan as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: 10/20/03

Candidate's signature: 

CCEC-003-PP/CERT-00/20/01

